



Practices Survey (Pre-Assessment)

Name _____ Date _____

Food Intake

1. Thinking about the past week, how many times did you eat 5 or more fruits or vegetables per day? _____

2. How many times in the past week did you have legumes (beans)? _____

3. On average, I eat out _____ meals per week.

A. rarely B. 1-2 C. 3-5 D. 6-8 E. 9+

4. On average, I eat **fast food** _____ times per week.

A. Never/rarely eat fast food B. 1-2 C. 3-5 D. 6-8 E. 9+

5. Over the past week how many times have you consumed each of the following foods?

- | | |
|-------------------------------------|---|
| a. meat: _____times/wk | d. foods high in refined sugar: _____times/wk |
| b. milk/cheese/dairy: _____times/wk | e. foods high in sodium: _____times/wk |
| c. oils: _____times/wk | |

6. If you are not new to the program, for how long have you been consuming a plant-based diet?

Activity Patterns

7. On average, I obtain _____ minutes of physical activity each day (beyond walking).

A. <30 B. 30-60 C. 60-90 D. 90+

8. When I exercise, I tend to participate in (circle all that apply):

- | | | |
|------------------|-------------------|----------------|
| a. Brisk walking | e. Dancing | i. Bowling |
| b. Running | f. Gardening | j. Team Sports |
| c. Cycling | g. Weight Lifting | |
| d. Swimming | h. Tennis | |

Sleep Patterns

9. On average, I obtain _____ hours of sleep each day.

- A. 4-6 B. 7-8 C. 9+

10. Normally, I rate the quality of my sleep as:

- a. very good/deep sleep/restful
- b. good, but interrupted by brief periods of wakefulness
- c. I have difficulty sleeping

Stress

11. I would rate my general level of stress as: (mark degree of stress along the line below).

Very little stress

Very high stress

12. How do you typically deal with stress?

Motivation and Comprehension

13. Using the scale below, please rate to what extent you agree with the following statement by circling the corresponding number next to each statement.

Strongly Disagree	Mildly Disagree	Neither Agree/Disagree	Mildly Agree	Agree
1	2	3	4	5

A. Paying attention to healthy eating encourages me to set other health or wellness goals.

1	2	3	4	5
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B. I understand the benefits of a whole foods/plant-based lifestyle to my health.

1	2	3	4	5
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C. I know what kind of foods to shop for to prepare whole foods/plant-based meals.

1	2	3	4	5
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D. I know what to look for when reading labels to be sure my foods are whole foods/plant-based.

1	2	3	4	5
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E. I can prepare healthy whole foods/plant-based meals.

1	2	3	4	5
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